

Department of Human Services

Office of Licensing

- (1) Justify the program's existence and effectiveness -

The Office of Licensing's mission is to issue licenses utilizing rules established with community support and complete criminal background screenings of individuals who have access to children and vulnerable adults. The Office of Licensing mission also includes the protection of citizens receiving services in any and all of the numerous settings that are licensed by the Office, by ensuring that these settings are in compliance with basic health and safety standards as established by Statute and the Human Services Licensing Rules. Detail, accuracy and thoroughness are required in the licensing and criminal background screening process in order to ensure the public health and safety, which is the office's primary duty and responsibility. In many cases the inspections, reviews, and criminal background screenings provided by the Office of Licensing is the only regulatory oversight these programs and services are subject to in a given year.

These service settings include foster homes, proctor homes, shelters, group homes, adoption agencies, and treatment facilities such as outpatient, day treatment, residential treatment, or outdoor youth programs. Over 3000 sites were licensed during FY13, with 3500 sites projected for FY14, and 3650 for FY15. Continued increase is likely to occur do to the implementation of The Affordable Care Act, which increases eligibility for treatment in the state's population. In addition, the Office of Licensing Criminal Background Screening Unit completed approximately 40,000 screenings. The screenings completed are comprehensive and include a review of criminal background, SAFE Child Abuse/Neglect history and Adult Abuse Database, and as required, a Nationwide Criminal Background screen. The 3,000 plus sites licensed and 40,000 screenings completed in a given year are conducted with a total staff of 22 licensing specialist and 5 criminal background screening technicians.

These licensed programs provide services to the most vulnerable of the state's population, including abused and neglected children, mentally and physically impaired citizens, persons with emotional, psychological, developmental, or behavioral dysfunctions or impairments, and those with chemical dependencies.

The existence and role of the Office of Licensing significantly impacts the ability of the Division of Child and Family Services (DCFS), Division of Juvenile Justice Services (DJJS), and the Division of Services to People with Disabilities (DSPD), to be able to qualify for federal funds on services that are needed or which are provided to clientele. Funding of many of the services provided to citizens through these agencies are contingent upon the service provider being licensed by the Office of Licensing. In addition, non-contracted private pay human services programs funding resources are also contingent upon being licensed.

- (2) How measuring program's impact? -

The Office of Licensing performance measures have been to:

- 1) Issue 90% of licenses within 30 days of applicant completing requirements.
- 2) Complete 80% of complaint investigations within 30 days.

- (3) Justify the level of funding - does your program need all the funds that you currently receive?

The Child Welfare League of America recommends a Licensing Specialist caseload of no more than 55 cases annually. However, we have found that as many as 65 to 70 cases per licensor are manageable. Current caseloads are at 141 cases per Licensing Specialist; we are well beyond recommendation and what we have discovered to be manageable.

- (4) Explain funding mix (General Fund, federal funds, dedicated credits, etc.) –

Licensing is funded with approximately 56% General Fund, 29% Federal Funds, and 15% Transfers.

**State Hospital Pediatric Program
Children, Boys/Girls Youth Units**

1. Justify program existence and effectiveness.

Pediatric services for children and adolescents (72 beds) as required by UCA 62A-15-612) provides inpatient mental health treatment to seriously emotionally disturbed children ages 6 to 18 who have failed other treatment programs. Medication and therapy assist children in overcoming behavioral and emotional problems related to their mental illness and enable them to return home and live with their families.

2. Measuring Program impact

TJC Accreditation

CMS Certification

Rapid Readmission Target: <6 per year hospital wide.

Youth Outcome Questionnaire (compares admission and discharge scores for patients discharged during the month). The target is a score improvement greater than 10.

3. Level of funding – do we need all the funds we are receiving?

Budget surplus past 3 years under .2%.

Pediatric patient days remains steady: FY 2011 17,920; FY2012 17,723; FY 2013 17,591

FY2014 projection 17,600

Yes, we need all the funds we are receiving.

4. Funding Mix

The \$6.4 million is the total direct costs (personnel and current expense) of the pediatric units (Children, Boys Youth, and Girls Youth). It does not include any allocated costs or indirect overhead. All program direct costs are eligible Medicaid expenses. State pays approximately 30% match as transfer from DOH.

Supported Employment

(1) justify the program's existence and effectiveness:

Utah law directs the division to provide supported employment services as a top priority when assessing a person with a disability's needed services. Employment has positive effects on behavior, integration into the community, retention of skills learned in school settings, and financial benefits for the employer. Employment of people with disabilities is also a top priority for the National Governor's Association.

(2) how measuring program's impact?

Number of people who have been assessed to need employment services and are receiving them, number of people utilizing services, hours provided to support people in employment and job coaching. Support brokers and coordinators are reviewing employment actions and results for the person on at least a monthly basis.

(3) justify the level of funding - does your program need all the funds that you currently receive?

Data analysis indicates that the current funding is being fully utilized (above 95%).

(4) explain funding mix (General Fund, federal funds, dedicated credits, etc.)

The Division spent a total of \$4,747,458 on Supported Employment services for individuals in services during FY13. This amount equates to \$3,350,756 in Federal Funds (70.58%), \$1,386,732 in State Funds (29.21%), and \$9,970 in Dedicated Credits (0.21%).

Recovery Services: Salt Lake Area Child Support Collections-related teams (Post-order and collections teams)

The Office of Recovery Services (ORS) has five locations throughout Utah, and each location houses a number of collection teams. The Salt Lake Area Child Support collections-related teams referenced in the question would only refer to the child support collection teams based in the Salt Lake ORS location.

1. Justify the program's existence and effectiveness: As a whole, the Child Support Services program within the Office of Recovery Services fulfills Utah's obligation described in 45 CFR 302.12(a): "The State plan shall provide for the establishment or designation of a single and separate organizational unit to administer the IV-D plan. Such unit is referred to as the IV-D agency." (IV-D refers to Title IV-D of the Social Security Act, which deals with child support collection.) Each collection team in the Salt Lake ORS location is charged with collecting child support as part of Utah's IV-D Agency.
2. How the program's impact is measured: ORS is required to provide certain measurements to the Federal Office of Child Support Enforcement on an annual basis to demonstrate the program's effectiveness, including collections, cost-effectiveness ratios, number of cases, orders established, number of paternity establishments, etc.
3. Justify the level of funding: The amount (\$6,037,500 in FY 12) presented in the question is not correct. While the amount includes the child support collection teams located in the Salt Lake office, it also includes one of the Medicaid Recovery teams (which are not part of the child support program) and some (but not all) of the other child support related teams located within the Salt Lake office which perform tasks other than collections. Some of those additional teams, while based in the Salt Lake location, perform duties which support collection teams statewide, not just the Salt Lake collection teams. The correct figure for SFY 2012 for just the child support collection teams based in the Salt Lake office is \$3,038,561.41.

Collection teams cannot operate on their own. Other teams are required in order to provide separation of duties. Some duties are separated to avoid conflicting interests or to maintain generally accepted accounting controls (for example, those establishing the support order amounts are not the same people as those who will collect the support, and those who monitor and maintain the accounting records are not the same people who receive and post the funds, etc.) Other duties are separated to take advantage of efficiencies gained by specializing (for example, ORS has teams based in Salt Lake that specialize in handling thousands of routine client calls each month, posting payments, arranging process service, opening new cases, imaging mail and documents, writing policy and procedures, training, enhancing the computer system, internal audits, etc.--all duties performed to support child support collection efforts statewide.)

4. Explain the funding mix: The funding mix for the IV-D program within ORS is 34% General Fund, 66% Federal matching funds.

Foster Care (including Group and Shelter Care)

- (1) justify the program's existence and effectiveness

Foster care is a program available in every state and territory in the country that began 150 years ago with the Children's Aid Society in New York and the Orphan Train. Foster care is necessary for the protection of children who cannot be safely maintained in their homes. It allows for children to be a part of a family rather than cared for in a congregate care setting such as orphanages where children's basic needs were often unmet. Without foster care child fatalities would increase from abuse or neglect and children would be left to care for themselves.

A team of formal (professional) and informal (family and friends) supports is created to support the family. Ideally the family receives services in their own home with their children. If the children cannot be kept safely in their home relatives are asked if they can care for the children until the safety risks are remediated. If relatives are not able then the child is placed with a licensed foster family. The goal is still to reunify the child with his or her family. If that is not possible relatives are again asked if they are willing and able to care for the children. The foster family is also approached about being a permanent family for the child through adoption. The number one goal is to keep the child safe with a family that will love and care for him or her.

- (2) how measuring program's impact?

We measure the effectiveness of the foster care program in many ways. The DCFS quarterly report tracks a number of data points. For example, we look at the effectiveness of both the In-Home program and the foster care program by tracking the number of children who are abused or neglected within 12 months after services are discontinued. Our Qualitative Case Review (QCR) measures the outcomes achieved for children and families - are they better now because of the services we provided?

- (3) justify the level of funding - does your program need all the funds that you currently receive?

A reduction in funding would harm foster care children and families by not providing the level of care needed to abused, neglected and dependent children that are no longer safe in their parents/guardians homes. The division monitors client progress monthly and move children, where appropriate, to the lowest level (cost) of care.

- (4) explain funding mix (General Fund, federal funds, dedicated credits, etc.)

Dedicated Credits 6%
Federal Funding 22%
Transfers 1%
General Fund 71%

Alternatives Program

Program Design and Need

The Home and Community-based Alternatives Program is a means tested/fee for service program that provides in-home services, allowing people to remain in their homes as they age, with cost-effective functional supports, thus reducing the need for facility based care. The Alternatives program is targeted to low income, low asset individuals in frail health who are ultimately strong candidates for institutional placement. Given the health issues and financial status of these individuals, in many cases they are ultimately candidates for Medicaid nursing home services. The average annual cost of long-term care facilities in Utah is now between \$27,000 and \$57, while the average annual service cost of Alternatives services is \$3,667 per participant. By keeping these individuals safely in their homes for as long as possible, the program is intended to delay the need for institutional care, with the goal of saving both state and federal Medicaid and Aging Services funds.

Program Impact

In addition to the cost savings of Alternatives program care versus that of facility based care, the program also emphasizes independence and self-reliance by keeping individuals in their homes, and maintaining and encouraging their current support networks to continue providing care. Family, neighbors and other community organizations are both necessary and appropriate sources of care that are difficult to maintain once a client leaves home for a care facility.

Case management is key to the Alternatives program to provide essential services and also to ensure that other services are not provided that can be obtained elsewhere. This program flexibility and targeted approach to services is designed to maintain client health and safety while eliminating additional costs and redundancy in services. Because the Alternatives program is state funded and administered, case managers are able to make appropriate decisions regarding client care, as opposed to federal programs with specific mandates and requirements for services.

With regard to impact and performance measures, the Alternatives program has been challenged in developing reliable, high quality measures due to the nature of the target population. Given the program's client pool of low income individuals with frail health and an average age over 85, improvement in client status is not typical, and it is difficult to pin program performance to the outcomes of the particular clients. That said, the Division is currently engaged with the local Area Agencies on Aging to explore options for better performance measures on the Alternatives program, as well as two other current aging programs. The hope is the current work group can look at existing and possible data points that can better correlate program performance with client outcomes.

Funding Levels

The current funding level does not meet service needs. Because of the program's flexibility, it is an effective option for many clients seeking services. As a result, the program is popular and there is currently an applicant list of over five hundred individuals statewide. The program is overseen at the local level by county and Association of Government agencies which are able allocate program slots based on the needs of their particular communities and an evaluation of the clients with the greatest needs and risk of institutionalization.

Program Funding Mix

The program is currently funded with General Funds and Social Services Block Grant (SSBG) funds. The FY14 program funding is \$3,902,700 with \$2,838,900 in General Funds and \$1,063,800 in SSBG (the FY14 SSBG funding reflects a \$42,300 cut from the FY13 amount due to the federal sequester. The FY15 SSBG amount will be further reduced by \$14,100 from the FY14 amount). In addition there is a

small amount of federal funds which can be leveraged to support the program in terms of in home services.